DEP8054/01/06 401 KAR 42:030



Owner Signature

Mail completed form to:
DIVISION OF WASTE MANAGEMENT
UST BRANCH
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KENTUCKY 40601
(502) 564-5981
http://www.waste.ky.gov

FOR OFFICE USE ONLY

60-DAY RECORD OF RECTIFIER OPERATION FOR IMPRESSED CURRENT CATHODIC PROTECTION SYSTEM

> Any significant variance should be reported to your corrosion professional services. I. UST OWNER							II. SITE INFORMATION			
NAME:						NAME: AI NUMBER:				
ADDRESS:						ADDRESS:				
CITY: STATE:					TE:	CITY: COUNTY:				
				XI. IMPF	RESSED CI	JRRENT R	ECTIFIER DA	TA		
		In order	to conduct an effe	ective evaluatio	n of the cathodic p	rotection system, a	complete evaluation of	rectifier operation is nec	cessary	
RECTIFIER MANUFACTURER:							RATED DC OUTPUT:VOLTSAMPS			
RECTIFIER MODEL:							RECTIFIER SERIAL NUMBER:			
What is the "as designed" or "lastly recommended" rectifier output:						VOLTS	VOLTSAMPS			
DATE INSPECTED		RECTIFIER TURNED	TAP SETTINGS COARSE FINE		DC OUTPUT VOLTS AMPS		HOUR METER	INSPECTOR INITIALS	COMMENTS	
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If you have questions on how to fill out this form or to request a review of your site records, please contact the UST Branch at (502) 564-5981 or visit our website at http://www.waste.ky.gov.

Date Signed